

REIMBURSEMENT REQUEST

Account Owner: Please complete this form to request reimbursement for expenses you've paid out-of-pocket. All expenses must meet the definition of Qualified Higher Education Expenses, as defined by the IRS in Publication 970.

Account Information:				
Account Number			Email Address	
Account Owner			Social Security Number	
Student Beneficiary			Social Security Number	
Academic Year: ☐ 06-07 ☐ 07-08 (Please choose only one.)				
☐ Fall Quarter/Semester		☐ Spri	ng Quarter/Semester	
☐ Winter Quarter/Semester		☐ Sun	nmer Quarter/Semester	
Reimbursement Information: Please indicate the type and amount of the reimbursement.				
☐ Tuition and Fees \$		Room and Board*	☐ On-campus	\$
☐ Textbooks \$			☐ Off-campus (not at home	e) \$
☐ Equipment \$			☐ Off-campus (at home)	\$
☐ Supplies \$	*The student must attend at least half-time to qualify for reimbursement for room and board expenses. The amount cannot exceed the room and board allowance calculated by the school its Cost of Attendance budget.			
Total Amount Requested \$				
Make check payable to: Payments made to the student beneficiary require notarization. The check will be sent to the student's address on record.				
□ Account Owner □ Student Beneficiary (requires notarization)				
I certify that this reimbursement request is for qualified higher education expenses as defined by Internal Revenue Code Section 529. I understand that I am responsible for determining whether the expenses for which these funds are used are qualified or non-qualified, and for reporting the 10 percent of earnings penalty for non-qualified distributions on my federal tax return. I also understand that I am responsible for maintaining adequate records to substantiate qualified higher education expenses. Qualified higher education expenses include the costs of tuition, fees, books, supplies, and equipment required for the enrollment or attendance at an eligible institution. IRS rules on qualified and non-qualified higher education expenses can be found at www.irs.gov/pub/irs-pdf/p970.pdf Requests for reimbursement should not exceed the balance remaining in the student beneficiary's GET account for the academic year of the request.				
Account Owner's Signature			Date	
Notary Section – (notarize the account owner's signature) – required only for checks payable to the student beneficiary				
State of				
County of				
I certify that I know or have satisfactory evidence that is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.				
Date Signature				
(Seal or Stamp)		Title		
My appointment expires				